



State of Utah
Department of Workforce Services
**H.E.A.T. PROGRAM RELEASE OF MEDICAL INFORMATION
AND DISABILITY VERIFICATION**

PURPOSE: The patient below has applied for HEAT benefits and may be eligible for an additional amount if he/she meets the criteria for a qualifying disability. A person is considered disabled if:

- He or she cannot walk two hundred feet without stopping to rest;
 - Cannot walk without the use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive devices;
 - Is restricted by lung disease to such a degree that the person's forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than sixty mm/hg on room air at rest;
 - Uses portable oxygen;
 - Has a cardiac condition to the degree that the person's functional limitation is classified (according to American Heart Association standards) in severity as Class III or Class IV;
 - Is severely limited in their ability to walk due to an arthritic, neurological, or orthopedic condition;
- OR**
- Has a medically determined physical or mental disability expected to last longer than six months.

Part A: Patient (HEAT Applicant): *Please Print*

I _____, authorize my medical provider, _____, to release to the State of Utah HEAT Program any information regarding my current physical condition as it relates to disability status.

Signature of Patient or Designee

Date

Part B: Physician: Please fill out and fax to the HEAT program at _____.

I certify that _____ is currently under my care, and at this time meets the disabled criteria as defined and understood in the HEAT disability definition stated above.

Is this disability considered PERMANENT? ☐ Yes ☐ No

Name of Physician

Signature of Physician

Office Telephone Number

Date

CONFIDENTIALITY STATEMENT

All HEAT workers have signed a confidentiality agreement with the State of Utah and are familiar with the laws regarding the confidentiality and transport of medical information.

If you have any questions or concerns, you may call me at:

HEAT Worker Name: _____ HEAT Office Telephone Number: _____

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.